

1.) CORPORATION NAME:

RealAge, Inc.

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1721325**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5375 MIRA SORRENTO PLACE
SUITE 250

CITY/ST/ZIP: SAN DIEGO, CA 92121-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN P LOUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	CATHERINE A. BOSTRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	LARRY M LOEB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	JOHN A ROHAN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		
NAME:	DAVID L KORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	214 NORTH TRYON ST		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK C. HANFT ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. LOUGHLIN DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. ROHAN, JR. DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG S ZEGRAS PRESIDENT 5375 MIRA SORRENTO PLACE STE 250 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLA BRIDGES SR. VP 5375 MIRA SORRENTO PLACE STE 250 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VAL WEAVER SR. VP 5375 MIRA SORRENTO PLACE STE 250 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA BRENNAN VICE PRESIDENT 5375 MIRA SORRENTO PLACE STE 250 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN K. MCDONALD ASST TREASURER 214 NORTH TRYON STREET CHARLOTTE, NC 28202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID L KORS		DAVID L KORS, ASST TREAS	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		9/22/2011	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			